

1903

Date:  /  /   
(month) (day) (year)

Subject's Initials : \_\_\_\_\_

Study Subject #:

Study Name: \_\_\_\_\_

Protocol #: \_\_\_\_\_

PI: \_\_\_\_\_

Revision: 07/01/05

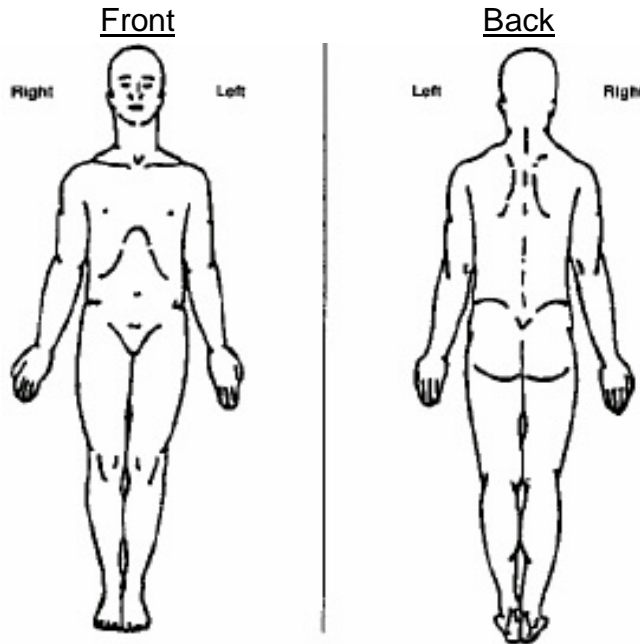
PLEASE USE  
BLACK INK PEN

## Brief Pain Inventory (Short Form)

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

Yes  No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by marking the box beside the number that best describes your pain at its **worst** in the last 24 hours.

0  1  2  3  4  5  6  7  8  9  10  
No Pain Pain As Bad As You Can Imagine

4. Please rate your pain by marking the box beside the number that best describes your pain at its **least** in the last 24 hours.

0  1  2  3  4  5  6  7  8  9  10  
No Pain Pain As Bad As You Can Imagine

5. Please rate your pain by marking the box beside the number that best describes your pain on the **average**.

0  1  2  3  4  5  6  7  8  9  10  
No Pain Pain As Bad As You Can Imagine

6. Please rate your pain by marking the box beside the number that tells how much pain you have **right now**.

0  1  2  3  4  5  6  7  8  9  10  
No Pain Pain As Bad As You Can Imagine

